CAP-MR/DD WAIVER TRANSITION
QUESTION AND ANWER
 # 7
August 5, 2005

Topic	Question	Response
Cost Summary	When doing the revisions for the new waiver, should services that remain the same but are one time purchases (aug com, waiver supplies and equipment) be carried over onto the new cost summary if they have already been paid for?	If the one time purchase has been paid it is not necessary to carry the equipment over to the transition cost summary.
Provider Enrollment	If a provider is currently in the process of enrolling for services in the current CAP-MR/DD waiver, can an LME refuse to work with that provider in enrolling for the new CAP-MR/DD waiver services?	All providers who desire to provide services under the new CAP-MR/DD waiver and have not been enrolled under the current waiver must go through the current full enrollment process with the LME. Due to transition issues related to the new waiver this process may be delayed for some providers, however, the LME should work with the provider to move them toward enrollment as quickly as possible.
Local Approval	With the old waiver there was criteria/standards for local approval and how to obtain certification. I have not been able to locate this in the new manual. What is the state's outlook on this and how do we go about getting someone "certified" as a local approver?	See Section 3.6.8 in the draft Manual.
Transition: Residential Supports	For people in residential receiving SL 2 but meet the guidelines for RS 4. Is the expectation that the crosswalk be to the same RS2 or can this be a crosswalk to RS 4? Would the change in level be subject to local approval? Again no change in frequency or duration just a different level.	In order to determine the appropriate Residential Support level, the NC-SNAP must be reviewed and the SNAP index computed. The SNAP index, along with the Plan of Care, will determine the level of Residential Support. Therefore, if the individual moves to a higher level of Residential Supports the plan would be subject to local approval since in essence this is an increase of service.

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Transition-Cost Summary	A person living at home with their legal guardian had been receiving Supported Living Periodic and MR Personal Care until last year when the LME put the person on a daily rate for Supported Living Level 3. According to the Crosswalk on the website, he will now receive Home and Community Supports based on the guidelines in the 2001 CAP Manual. In the person's Plan of Care there is much documentation that the person needs a lot of personal care. However the case manager is interpreting the Crosswalk as saying that since the person is not presently receiving MRPC (which they are not allowed to do when on a daily rate) they can only receive Home & Community Supports and cannot receive a combination of Home & Community and Personal Care, even though the need is specifically stated in the Plan. Is that correct?	That is not correct. Even during this transition we must address what the person needs.
Manual-Individual vs. Group	If 3 people are living in a group home and all of them get residential supports, is it expected that they each will have a 1:1 ratio requiring the provider to have 3 staff on? How do you determine when a person can get 1:1? Is it assumed that a person in a congregate setting will get group unless they meet certain criteria to justify 1:1?	Whether the individual needs 1:1 in a residential setting is based on the intensity of need for support that the person as identified in the person centered plan. There is no requirement that it be 1:1. This will be clarified in the Manual.
Service Definitions-Residential Supports	Can both Residential Supports and Supervised Living be billed for MR/MI individuals on the waiver?	Due to issues around duplication of service, individuals with MR/MI will receive Residential Supports. The provider may bill YM 700 to provide for the cost of room and board.
Service Definitions-Day Supports	With Day Supports taking the place of Developmental Day ,would we now look at Day Supports Group for children in a developmental day placement if they are not receiving 1 on 1 services?	If the needs of the child do not reflect the need for 1:1 staff then group is appropriate.
Service Definitions-Residential Supports	Will revisions for Residential Supports require an updated plan of care be submitted using the new format?	See Consumer Services Crosswalk on the Division website.
Transition-MR2	When will the LME's be responsible for sending the MR-2s to the Murdoch center?	Beginning with implementation of the waiver Sept. 1, 2005.

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Transition-New Plan of Care and Cost Summary	How do we apply respite using the transition Cost Summary? Most respite is planned for as a yearly amount; therefore, case managers will need to go back and determine how many respite hours have been used through 8/31 so we can put the remainder of the hours that are approved on the transition cost summary for the remainder of the plan year.	In order to transition smoothly to the new services, simply carry the total number of hours of respite over on the transition cost summary. At CNR any adjustments can be made.
Transition-Plan of Care and Cost Summary	Must an update page with a signature be required for services that directly crosswalk?	If a new service is added that does not crosswalk directly or if the service duration or frequency changes, then you would do the update page requiring a signature. For direct crosswalks simply change the names in the Plan of Care and/or update the Plan.